



Project Title:	Parcel No.:
Displaced Person(s):	Displacee No.:

I, the undersigned, hereby certify that I am the owner of certain personal property that is lawfully located upon real property acquired in connection with the foregoing public works project. As a result of the acquisition, said personal property must be moved from the acquired site.

By initialing below, I hereby select the following type(s) of moving option(s), authorized under the Washington State Relocation Assistance Program:

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**Commercial Move.** The Washington State Department of Transportation (WSDOT) will obtain the services of and make direct payment to a qualified commercial mover to relocate my personal property. Said property is located at \_\_\_\_\_.  
And is to be relocated to \_\_\_\_\_. I will be prepared to move between (Date) \_\_\_\_\_ and (Date) \_\_\_\_\_. I estimate the value of my personal property to be \$\_\_\_\_\_ and this amount will be used to determine the cost of my replacement value insurance.

☐

**Self-Move Actual Cost.** I will move personal property owned by me using my own resources and be reimbursed the actual and reasonable moving cost as documented by paid receipts or other reasonable evidence of expense.

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**Self-Move Scheduled Payment.** I will move personal property, owned by me, from the acquired site. Upon satisfactory completion of the move, I will claim the amount of \$\_\_\_\_\_ for \_\_\_\_\_ rooms.

**NOTE:** Failure to comply with the terms and conditions of this agreement may result in denial of all or part of your claim for moving expenses.

\_\_\_\_\_  
Displaced Person

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relocation Specialist

\_\_\_\_\_  
Date

\_\_\_\_\_  
Region Relocation Supervisor

\_\_\_\_\_  
Date